



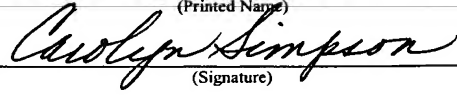
8/13/04

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Atty. Dkt. No. 029815-0103

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Sweeney, Patrick J.
Title: VERTEBRAL PROSTHESIS
Appl. No.: 10/686,998
Filing Date: 10/16/2003
Examiner: Not Yet Assigned
Art Unit: 3738

CERTIFICATE OF EXPRESS MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.	
EV 458020407 US	8/12/04
(Express Mail Label Number)	(Date of Deposit)
Carolyn Simpson	
(Printed Name)	
	
(Signature)	

PRELIMINARY AMENDMENT TRANSMITTAL

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a preliminary amendment in the above-identified application.

[X] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.

Also enclosed:

[X] Supplemental Information Disclosure Statement (2 pages)

[X] PTO Form SB/08 (1 page) with 4 Listed References.

[X] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	70	-	49	=	21	x	\$18.00	=	\$378.00
Independent Claims:	8	-	6	=	2	x	\$86.00	=	\$172.00
First presentation of any Multiple Dependent Claims:						+	\$290.00	=	\$0.00
CLAIMS FEE TOTAL								=	\$550.00

	CLAIMS FEE TOTAL:	\$550.00
[X]	Small Entity Fees Apply (subtract ½ of above):	\$275.00
	TOTAL FEE:	\$275.00

[X] A check in the amount of \$275.00 is enclosed.

[X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 06-1447. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 06-1447. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 06-1447.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date

8/12/04

By



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Customer Number: 26371
Telephone: (414) 297-5897
Facsimile: (414) 297-4900

Jeffrey S. Gundersen
Attorney for Applicant
Registration No. 47,619